

\$ 10.00 NON-REFUNDABLE

State of Washington Application for a Water Right

*98 JUL -2

For Ecology Use
Fee Paid
Date 1 10 30198
Date 1010018

Please follow the attached instructions to avoid unnecessary delays.

						TION, OR			
Name E	ERIC A	HEN	DRICKSON	N		Home Tel: (253)	537.	1872
Name ERIC A. HENDRICKSON Mailing Address 13713 70th AVE E City PUYALLUP State WA Zip+4 98373				Work Tel: (_	253)	798-	7468		
City PU	YALLUP	Sta	ite WA Zip	0+4_9837	13_+	FAX: ()_		
	2. CONTA e as above	THE REPORT OF THE SECOND	ERSON T			UT THE A	PPLIC	ATION	1
Name						Home Tel: ()_		
						Work Tel: (
City	-	Sta	iteZip	p+4	+	FAX:	()		
Relationship	to applicant			*				·	
Section :	3. STATE	MENT (OF INTE	NT					
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l ne applicar cubic feet	it requests a per second)	from a \square si	e not more tr urface water	source or	ground	water source	check on	ganons pe ly one) fo	er minute or or the purpose(s)
ofd	e-mosti	C 086	2					ATTA	CH A "LEGAL"
sufficient						3		er or a plo	it number is not
Estimate a n	naximum ann	ual quantity	to be used i	n acre-foot p	er year:	two	(2)	Area .	
								that the w	ater will be neede
			to/_	-	,	F			
	r rom	'							
Section	4. WATE	R SOUR	CE MAN				TRANS		Andrews (1966)
If SURFA	CE WATER				If GRO	OUNDWATE	R		
	water sourc				A peri	mit is desired	for	ne (1)	well(8).
	If unnamed, stream," etc		named sprin	g,"					
	CONTRACTOR OF STREET						6		
	f diversions								
Source flo	ws into (nar	ne of body	of water):	¥ .	Size &	depth of we		•	,
							appr	× 200	o'
LOCATIO	N 1000	115+	- 550	1000	3 +4	le Cont	on a	& Se	< 7
Enter the	north-south	and east-w	est distance	es in feet fro	om the p	point of diver	sion or w	ithdrawa	l to the nearest
section co	rner:	L H	. 00	chata	act +	Frank Ha	5w)	LOVAGA	- of morenta
berng	within	SE	4	3 100.0	ws. ,	1010(10			-of property
							The second secon	ion of sourc	e is platted, complete
1/4 of	1/4 of	Section	Township	Range (E/W)	County	Lot	Block	low: Subdivision
	61.1	7	20	4 W		1 11-	LOL	Block	Subdivision
NE	SW		30	4 W	0	lallem			
For Foolers	Use Date R	columbia (0/201	10 0	ty Deter	6/2019	X		
G-127 23 1	existed assessed	山本学に支給に		Priori	ty Date:		N. 4		
The state of the state of	pt/Not Exempt	NOK	10	S	(4.20)nisa	Dept. Of Hea	uth #		10
Date Accepte	d As Complete	4717	By_	D	ate Retur	ned		Ву	WRIA: 10

ECY 040-1-14

APPLICATION

Appl. No.:

NA	Sec	tion 5. GENERAL WATER SYSTEM INFORMATION
	Å.	Name of system, if named:
	В.	Briefly describe your proposed water system. (See instructions.)
	20	
	C.	Do you already have any water rights or claims associated with this property or system?
		PROVIDE DOCUMENTATION.
MK	\$25,000 CONTOURS	ction 6. DOMESTIC/PUBLIC WATER SUPPLY SYSTEM INFORMATION ompleted for all domestic/public supply uses.)
	(C	inpleted for all domestic/public supply uses.
	A.	Number of "connections" requested: Type of connection (Homes, Apartment, Recreational, etc.)
	_	
	B.	Are you within the area of an approved water system? If yes, explain why you are unable to connect to the system. Note: Regional water systems are identified by your
		County Health Department.
	Con	aplete C. and D. only if the proposed water system will have fifteen or more connections.
	C.	Do you have a current water system plan approved by the
		Washington State Department of Health? If yes, when was it approved? Please attach the current approved version of your plan.
	D.	Do you have an approved conservation plan?
	D.	If yes, when was it approved? Please attach the current approved version of your plan.
	700000000000000000000000000000000000000	
NA		ction 7. IRRIGATION/AGRICULTURAL/FARM INFORMATION
,	(Co	ompleted for all irrigation and agriculture uses.)
	A.	Total number of acres to be irrigated:
	В.	List total number of acres for other specified agricultural uses:
	ъ.	Use Acres
		Use Acres
		Use Acres
	C.	Total number of acres to be covered by this application:
	D.	Family Farm Act (Initiative Measure Number 59, November 3, 1977)
		Add up the acreage in which you have a controlling interest, including only:
		‡ Acreage irrigated under water rights acquired after December 8, 1977;‡ Acreage proposed to be irrigated under this application;
		‡ Acreage proposed to be irrigated under other pending application(s).
		1. Is the combined acreage greater than 2000 acres? ☐ YES ☐ NO
		2. Do you have a controlling interest in a Family Farm Development Permit? If yes, enter permit no.:
	E.	Farm uses:
	٠.	Stockwater - Total # of animals Animal Type (If dairy cattle, see below)
		Dairy - # Milking # Non-milking

Sec	ction 8. WATER STORAGE		
" Will y	you be using a dam, dike, or other structure to retain or store water?	☐ YES	□NO
oint,	E: If you will be storing 10 acre-feet or more of water and/or if the water depth will be 10 feet and some portion of the storage will be above grade, you must also apply for a reservoir per voir permit application from the Department of Ecology.		
Sec	ction 9. DRIVING DIRECTIONS		
Provi B	de detailed driving instructions to the project site. Between Port Angeles + Segum on Howay 101 at Fair I howay to Agnew Store. Property 13 mondially earl	vious take	e WStor
Sec	ction 10. REQUIRED MAP		
A.	Attach a map of the project. (See instructions.)		
	See next page (pg4)		
Sec	ction 11. PROPERTY OWNERSHIP	anne de la companya de la companya La companya de la co	
A.	Does the applicant own the land on which the water will be used? If no, explain the applicant's interest in the place of use and provide the name(s) and addres of the owner(s):	s(es) YES	□NO
		-	

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I grant staff from the Department of Ecology access to the site for inspection and monitoring purposes. Even though I may have been assisted in the preparation of the above application by the employees of the Department of Ecology, all responsibility for the accuracy of the information rests with me.

Does the applicant own the land on which the water source is located?

If no, submit a copy of agreement:

B.

Applicant (or authorized representative)

Bowe

Landowner for place of use (if same as applicant, write "same")

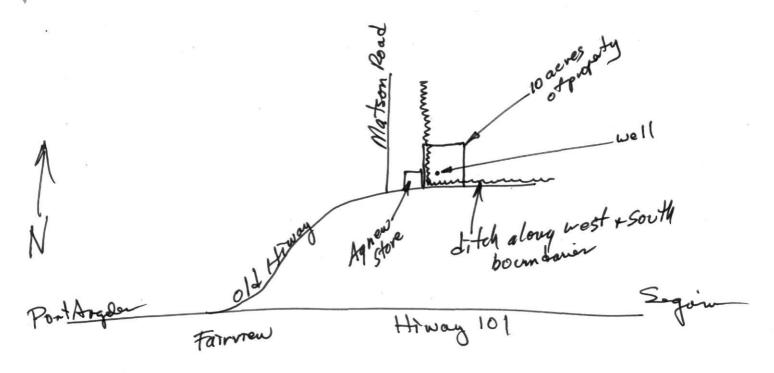
Date



YES

□NO

Use this page to continue your answers to any questions on the application. Please indicate section number before answer.



Examination fee was not enclosed	Y	APPLICANT PLEASE RETURN TO CASHIER, PO BOX 5128, LACEY, WA 98509-5128
Section number(s)incomplete	is/are	APPLICANT PLEASE RETURN TO THE APPROPRIATE REGIONAL OFFICE
Explanation:	9	
Please provide the additional information requested ((date).	above and return you	r application by <u>8-7-98</u>

Ecology staff Shew Caucel Date \$7/98

Ecology is an Equal Opportunity and Affirmative Action employer.

To receive this document in alternative format, contact the Water Resources Program at (360) 407-6604 (Voice) or (360) 407-6006 (TDD).

